PTO/SB/17 (10-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009					Complete if Known				
					Application Number 10/527,592-Conf. #2287				
							January 23, 2006		
							Daniel K. Sodickson		
							T. A. Fetzner		
X Applicant claims small entity status. See 37 CFR 1.27							2831		
TOTAL AMOUNT OF PAYMENT (\$) 65.00					Attorney Docket No. B0662.70056			S01	
METHOD OF	PAYMENT (*	
	x Credit Card		Ioney Order	Nor	ne Other (r	olease identi	i6υ)·	***	
	count Deposit		<u> </u>				ne: Wolf, Green	field & Sac	ke PC
L					hereby authorize			ileid & Gac	NS, F.O.
	above-identine iarge fee(s) inc			Clor is			ick all that apply) idicated below, e x	cent for the	e filing fee
	• , ,		s) or underpayme	ents of		• •	·	cept for the	s ming lee
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FEE CALCUL	ATION								
1. BASIC FILING	G, SEARCH, A							•	
			G FEES Small Entity	SEA	ARCH FEES	EXAMI	NATION FEES		
Application Ty	ре	Fee (\$)		ee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility		330	165	540	270	220	110		
Design		220	110	100	50	140	70		
Plant	_		110	330	165	170	85		
Reissue		330	165	540	270	650	325		
Provisional		220	110	0	0	0	0		·····
2. EXCESS CLA	IM FEES								Small Entity
Fee Description								Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)								52	26
Each independent claim over 3 (including Reissues)								220	110
Multiple dependent claims								390	195
Total Claims Extra Claims Fee (\$)				F	ee Paid (\$)	<u>!</u>	<u>Multiple Depende</u>	ent Claims	
	20 or HP	X	=			E	<u>ee (\$) </u>	ee Paid (\$)	Į.
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fe					ee Paid (\$)				_
Indep. Claims Extra Claims Fee (\$) -3 or HP = x =				F	ee raid (\$)				
		nt claims paid	for, if greater than 3						
3. APPLICATIO	N SIZE FEE								
							filed sequence or		
					ie is \$270 (\$135 f 37 CFR 1.16(s).	or small	entity) for each ac	ditional 50	
Total Sheets		See 33 O		•	dditional 50 or frac	tion there	of Fee (\$)	Eoo B	aid (\$)
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4. OTHER FEE(S					(Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)									
_	ate filing surch	harge).			•				
			251 Extension t	or re	sponse within fir	rst montl	h	65	5.00
SUBMITTED BY									
Signature	Meliss	a B	ade		Registration No. (Attorney/Agent)	54,986	Telephone	617.646	.8000
Name (Print/Type)	Melissa A. I	Beede					Date	July 20,	2009
I hereby certify the system in accord			y paper referred to	as bei	Γ	sed) is bei	ng transmitted via th		ronic filing
Dated: July 20, 2	-		Signa	ture:	Dance	lle	Valde	7	